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Original Contributions.

ARTICLE XXIIV.

LARYNGOLOGY IN AMERICA. THE PRESIDENT'S ADDRESS AT THE FIRST ANNUAL MEETING OF THE AMERICAN LARYNGOLOGICAL ASSOCIATION, IN NEW YORK CITY, June 10th, 1879. By LOUIS ELSBERG, M. D., of New York. [Continued.]

"This Disease appears sometimes in the Form of Quinsey. The lungs are inflamed, the throat and especially the Epiglottis exceedingly tumefied. In a few hours the sick are brought to the height of Orthopnœa; and cannot breath but in an erect Posture, and then with great difficulty and Noise. This may be distinguished from an Angina, by the crustula in the Throat, which determines it to be a Sprout from the same root with the Symptoms described above. In this case the Patient sometimes dies in twenty-four hours. I have not seen any one survive the third Day. But thro' the Divine Goodness these symptoms have been more rarely seen among us and there have been but few in this Manner snatch'd out of the World.

"The Ulcers of the Throat should be constantly cleansed, from the time of their first Appearance. I have found the fol-

lowing Method most successful to this Purpose. Take Roman Vitriol, let it lie as near the fire as a Man can bear his Hand, till it be thoroughly calcined and turn'd white; put about eight grains of this into half a Pint of Water. Lay down the Tongue with a spatula; and gently wash off as much of the crust as will easily separate, with a fine Ragg fastened to the End of a Probe, or stick, and wet in this Liquor made warm. This Operation should be repeated every three or four Hours.

"The internal Ulcers of the Throat, should be treated as above directed; but if there be a great Tumefaction of the Glands, I order *externally* a Plaister of Diachylon cum Gummi and de Ranis cum Mercurio mixt; and internally the following Fumigation. Take Wormwood, Pennyroyal, the Tops of St. John's Wort, Camomile Flowers and Elder Flowers, of each equal Parts; boil very strong in Water; when boil'd, add as much Brandy or Rum as of this decoction; steam the Throat through a Funnel, as hot as can be borne, three Times a Day.

When the Lungs are seized with this cankerous crustula which is indicated by the Cough and Hoarseness above described, Mercurial Catharticks frequently repeated seem the best of any thing to promote Expectoration. I have also found success in the Use of the Syrup of Red Poppies and Spermaceti mixt.

* * * * * * * * * *

* * * * * "Since I wrote this letter I am informed by a Gentleman of the Profession, who has had very great Improvement in this Distemper, That he has found out a Method of Cure which seldom fails of success in all the forms of this Disease herein described, and that is a Decoction of the Root of the Dart Weed, or (as it is here called) the Squaw Root. He orders about an Ounce of this Root to be boiled in a Quart of Water to which he adds when strain'd, a Jill of Rum and two Ounces of Loaf Sugar; and boils again to the consumption of one-quarter Pint. This he gives his Patients frequently to drink, and with this orders them frequently to gargle their Throats; allowing no internal medicine but this only during the whole course of the Disease excepting a purge or two in the Conclusion. I have seen a surprising Effect of this Method in one Instance; and shall make what further Observations I can. And if this answers my present hopes, I shall endeavor to give you further information. The Dart Weed grows with a straight Stalk six or eight Foot high, is jointed every eight or ten inches apart; and bears

a large white Tassel on the Top, when in the flower. The Root is black and bitterish."

The epidemic which was the subject of the essays of Douglass and Dickenson, is alluded to by Morse and Parish in their Compendious History of New England, p. 329, thus: "In 1735 was the most extensive and fatal epidemic which had been known in New England since its settlement by the English. It was called the throat distemper," and by the Rev. Jabez Fitch, of Portsmouth, N. H., who published "Two sermons designed to make a religious improvement of the throat distemper which prevailed in 1735 and 1736, and an account of that disease as it appeared in New Hampshire."

On Oct. 1, 1753 Cadwallader Colden of Coldenham, New York, wrote a Letter to Dr. Fothergill, of London, concerning the Throat Distemper. This was published in the London *Medical Observation and Enquiries* 1757 vol. I. p. 211. Colden's information was derived chiefly from Douglass.

In Oct. 1796, Dr. Jacob Ogden of Long Island, wrote a Letter to Mr. Hugh Gaine, of New York, which was republished in the *New York Medical Repository*, vol. V, p. 97.

In 1771 Samuel Bard published a very important essay on diphtheria. The full title of this essay is:

"An enquiry into the Nature, Cause and Cure of the Angina Suffocativa or Sore Throat Distemper. As it is commonly called by the Inhabitants of this City and Colony.

By Samuel Bard, M. D., and Professor of Medicine in King's College, New York.

Is recte curaturus quem prima origo causæ non fefellerit.

Celsus.

New York.

Printed by S. Inslee & A. Car, at the New Printing Office in Beaver Street.

MDCCLXXI,

(1771).

Dedicated to

The Honorable Cadwallader Colden, Esq.,

His Majesty's Lieutenant Governor of the Province of New York, etc."

Dr. Bard says: "In general, this disease was confined to

children under ten years old, though some few grown persons, particularly women, (while it prevailed) had symptoms in some respects resembling it. Most of those who had it were observed to droop for several days before they were confined. And the first symptoms, in most instances, were a highly inflamed and watery eye, a bloated and livid countenance, with a few red eruptions here and there upon the face, and in one case a small ulcer in the nose whence oozed an ichor so sharp as to inflame and corode the upper lip. At the same time, or very soon after such as could speak complained of an uneasy sensation in the throat but without any great soreness or pain. Upon examining it, the tonsils or *almonds*, appeared swelled and slightly inflamed, with a few white specks upon them which, in some, increased so as to cover them all over with one general slough, and in a few the swelling was so great, as almost to close up the passage of the throat; but this, altho' a frequent symptom, did not invariably attend the disease; and some had all the other symptoms without it. The breath was either no ways offensive, or had only that kind of smell which is occasioned by worms; and the swallowing was very little if at all impeded.

"These symptoms, with a slight fever at night, continued in some for five or six days, without alarming their friends; in others a difficulty of breathing came on within twenty-four hours, especially in the time of sleep, and was often suddenly increased to so great a degree as to threaten immediate suffocation. In general, however, it came on later, increased more gradually, and was not constant; but the patient would now and then enjoy an interval of an hour or two, in which he breathed with ease, and then again a laborious breathing would ensure, during which he seemed incapable of filling his lungs, as if the air was drawn through a too narrow passage.

"This stage of the disease was attended with a very great and sudden prostration of strength; a very remarkable hollow dry cough; and a peculiar change in the tone of the voice; not easily described, but so singular, that a person who had once heard it, could almost certainly know the disease again by hearing the patient cough or speak. In some the voice was almost entirely lost, and would continue very weak and low for several weeks after recovery. A constant fever attended this disease, but it was much more remarkable in the night than in the day time; and in some there was a remarkable remission towards morning.

The pulse at the wrist was in general quick, soft and fluttering, though not very low, and it was remarkable that at the same time the pulsations of the heart were rather strong and smart than feeble. The heat was not very great and the skin was commonly moist.

"These symptoms continued for one, two or three days. By that time it was usual for them to be greatly increased in such as died; and the patients, though commonly somewhat comatous from the beginning, now became much more so; yet even when the disease was at the worst, they retained their senses, and would give distinct answers, when spoken to; although on being left to themselves they lay for the most part in a lethargic situation, only raising up now and then to receive their drink. Great restlessness and jactation came on towards the end of the disease, the sick perpetually tossing from one side of the bed to the other, but they were still so far comatous as to appear to be asleep, immediately upon changing their situation or posture. An universal languor and dejection were observed in their countenances; the swelling of the face subsided; a profuse sweat broke out about the head, neck and breast, particularly when asleep; a purging in several came on; the difficulty of breathing increased, so as to be frequently almost entirely obstructed, and the patient died apparently from the suffocation. This commonly happened before the end of the fourth or fifth day; in several within thirty-six hours from the time the difficulty of breathing first came on. One child, however, lived under these circumstances to the eighth day; and the day before he died, his breath and what he coughed up was somewhat offensive, but this was the only instance in which I could discover anything like a disagreeable smell, either from the breath or expectoration. Out of sixteen cases attended with this remarkable suffocation in breathing, seven died; five of them before the fifth day the other two about the eighth. Of those who recovered, the disease was carried off, in one, by a plentiful salivation, which began on the sixth day; in most of the others by an expectoration of a viscid mucus.

"I distinguish between the salivation and expectoration, because in one the discharge seemed to come from the salivary glands, and was attended with little or no cough; in the others it manifestly came from the Trachea, and was attended with an incessant cough; and I judged the salivation to have been a

natural crisis, as the patient had taken but six grains of calomel before it came on. Her gums were not inflamed, her teeth were not loose, nor had her breath or saliva the smell of persons under the mercurial salivation. In this case the voice, in the space of a few hours from being very strong and loud, became as low as to be with difficulty heard.

"One of the first families in which this disease appeared was that of Mr. W. W., of this place. He had seven children in his family, all of whom were taken ill one after another. The four first had the disease as I have now disclosed, and three of these died: the one who recovered was the instance I mentioned, in which the disease was carried off by a salivation. The other three were the youngest. They had not the difficulty of breathing, but in its stead, very troublesome ulcers behind their ears. These began with a few red pimples, which soon ran together, itched violently, and discharged a great deal of a very sharp ichor, so as to erode the neighboring parts, and in a few days spread all over the back part of the ear, and down upon the neck. They all had a fever, particularly at night, and one of them had a perpetual tenesmus (*or urging to go to stool*). This symptom appeared in some who had the difficulty of breathing, but in none to such a remarkable degree as in this child. After this many other children had similar ulcers behind their ears, and some of them seemed slightly affected with the difficulty of breathing, but it never became alarming while this discharge continued. These ulcers would continue for several weeks, appeared covered in some places with sloughs, resembling those on the tonsils; and at last grew very painful and uneasy. In some cases they were attended with swelling of the glands under the tongue and behind the ears, which subsided on the eruptions appearing and discharging freely, and again swelled upon the discharge being checked. I met with nothing like this complaint in adult persons, unless the two following persons may be considered as allied to it: they happened about the same time, and both were women; one of them had assisted in laying out two of the children that had died of it. At first her symptoms resembled rather an inflammatory angina, but about the third day the tonsils appeared covered with thick sloughs, her pulse was low and feeble; she had a moist skin, a dejection of spirits, and some degree of anxiety; though nothing like the difficult breathing of the children.

"The other was a soldier's wife, who for some time before she perceived any complaint in her throat, labored under a low fever. Her tonsils were swelled, and entirely covered with sloughs, resembling those of the children, but her breath was more offensive, and she had no suffocation. I have had an opportunity of examining the nature and seat of this disease, from dissection, in three instances. One was a child of three years old. Her first complaint was an uneasiness in her throat. Upon examining it, the tonsils appeared swelled and inflamed, with large white sloughs upon them, the edges of which were remarkably more red than the other parts of her throat. She had no great soreness in her throat, and could swallow with little or no difficulty. She complained of a pain under her left breast; her pulse was quick, soft and fluttering. The heat of her body was not very great, and her skin was moist; her face was swelled; she had a considerable prostration of strength, with a very great difficulty of breathing, a very remarkable hollow cough, and a peculiar change in the tone of her voice. The next day her difficulty of breathing was increased, and she drew her breath in the manner before described, as if the air was forced through too narrow a passage, so that she seemed incapable of filling her lungs, she was exceedingly restless, tossing perpetually from side to side, was sensible, and when asked a question, would give a pertinent answer, but otherwise she seemed dull and comatose. All these symptoms continued, or rather increased, until the third night, on which she had five or six loose stools, and died easily in the morning.

"Upon examining the body, which was done on the afternoon of the day she died, all the back parts of the throat, and the root of the tongue were found interspersed with sloughs, which still retained their whitish color. Upon removing them, the parts underneath appeared rather pale than inflamed. No putrid smell could be perceived from them, nor was the corpse in the least offensive. The Œsophagus or *gullet* appeared as in a sound state. The epiglottis, *which covers the wind-pipe*, was a little inflamed on its external surface, and on the inner side, together with the whole larynx was covered with the same tough white slough as the glands of the throat. The whole trachea quite down to its division in the lungs, was lined with an inspissated mucus, in form of a membrane, remarkably tough and firm; which, when it came into the lungs, seemed to grow thin

and disappear. It was so tough as to require no inconsiderable force to tear it, and came out whole from the trachea, which it left with much ease; and resembled more than anything else, both in thickness and appearance a sheath of thin shammoy leather. The inner membrane of the trachea was slightly inflamed, the lungs too appeared inflamed, as in perpneumonic cases; particularly the right lobe, on which were many bright livid spots though neither rotten or offensive; and the left lobe had small black spots on it resembling those marks left under the skin by gunpowder. Upon cutting into any of the larger spots, which appeared on the right lobe, a bloody sanies issued from them without frothing, whereas upon cutting those parts which appeared sound, a whitish froth, but slightly tinged with blood, followed the knife.

"The second dissection I attended was of a child about seven years old, who had had all the symptoms with which this disease is commonly attended, except that in this case the glands of the throat, and upper parts of the wind-pipe, were found entirely free from any complaint and the disease seemed to be confined to the trachea only, which was lined with this tough mucus inspissated so as to resemble a membrane. We could trace it into larger divisions of the trachea, and it was evident that the smaller branches were obstructed by it, for it was very observable, that upon opening the breast the lungs did not collapse as much as is usual, but remained distended, and felt remarkably firm and heavy, as if they were stuffed with the same mucus.

"The last was a child about three years old, who died in thirty-six hours after the difficult breathing came on; yet even in this case, I discovered and showed to several bystanders, the inspissated mucus which lined the trachea, and which was remarkable as to be evident to all who saw it, that it must have been the cause of the child's death.

"This is a faithful history of this complaint, as it appeared in most of the cases I have met with; and in which I have been careful to enumerate such symptoms only as I myself have seen."

Article XXV.

Post-Partum Hemorrhage.* By A. E. Gore, M. D., of Paris, Missouri.

Of the various accidents to which the parturient woman is liable, there are none more frequent, and alarming to herself and friends than post-partum hemorrhage.

The danger also attending it is great, for according to statistics collected by Churchill, one case in thirteen perishes. This seems to me an overestimate of the fatality attending it; it certainly is of the cases that have occurred within the range of my own observation and of physicians with whom I have conversed. There are few cases to which the physician is called that excite greater apprehension and anxiety, and none that require more prompt, energetic and intelligent interference on his part to avert a fatal termination. He has no time to consult authorities, no time for conference with other physicians (situated as we are in the country); his patient is bleeding to death, and it is his mission and duty to step, as it were, into death's door, and by his knowledge and skill to arrest this flow that is so rapidly destroying its victim.

I do not therefore know how I can more profitably employ the few moments during which I propose to occupy your attention, than by treating briefly of the causes, and what I conceive to be the best treatment of these accidents.

Permit me to say in the outset I do not propose to offer anything new or startling, but shall follow in the path you have all trodden, giving you at the same time the benefit of my own experience in the use of agencies familiar to you all. The most I can expect is to refresh the minds of some, possibly to revive old memories in others, and especially do I desire to arouse in the minds of the young and inexperienced an increased desire to master and appropriate everything known in regard to this interesting question.

The immediate cause of this accident in nearly every instance

*Read before the Moberly District Medical Association, of Missouri.

is inertia of the uterus or a suspension of the tonic contraction of this organ, whereby the sinuses which are connected with the placenta are left open, permitting the blood to escape uncontrolled.

Inertia may originate from a variety of causes, among which may be mentioned: 1. A protracted and difficult labor, producing complete exhaustion of the nervous and muscular systems. 2. Extreme distension of the uterus from twins, or some unusual amount of liquor amnii. 3d. The very sudden escape of the contents of the womb, producing serious nervous shock. Among secondary causes of flooding, are adhesion of the placenta, irregular or hour-glass contraction of the uterus, the forming of clots in the vagina, the neck and even in the womb. Another frequent cause, in my opinion, is the rash and hasty attempt at removal of the placenta before sufficient tonic contraction of the uterus has taken place.

I am convinced that in the earlier years of my practice I occasionally promoted or even induced flooding by the too great and too early traction on the cord.

But preceding inertia and all other immediate and remote causes of flooding, there is in some a peculiar idiosyncrasy or constitutional predisposition favoring this accident.

One lady I have attended in five confinements, and in every instance there was post-partum hemorrhage, and notwithstanding all the precautionary measures I could adopt to prevent it, each succeeding hemorrhage has been more profuse and alarming than the preceding. The mother of this lady died of post-partum hemorrhage in her sixth confinement, and from the extreme danger, and very near approach to death in her last confinement, I trust this lady may fail to conceive a sixth time. Having enumerated the principal causes that conduce to this accident, the important and practical question is, how are these causes to be met and removed, and should flooding still ensue, how is it to be treated.

In order to prevent in the first place and to arrest in the second place, a post-partum hemorrhage, our object is to obtain a firm, regular and persistent contraction of the uterus, in which event hemorrhage is physically impossible.

It is an old adage that an ounce of prevention is better than a pound of cure, and recognizing its truth, I shall first and principally direct my attention to preventive measures. Among

predisposing causes of hemorrhage, were mentioned inordinate distension of the uterus from the liquor amnii and the too rapid escape of its contents. These predisposing causes can be partially, at least, removed by an early rupture of the membranes.

It is the custom of some physicians and the recommendation of some authors never to rupture the membranes not only till there is complete dilatation of the uteri, but not till the membranes have completely distended the perineum and separated the labia. Such a course of practice I believe is bad, and endangers post-partum hemorrhage. I would therefore in every case, as a preventive measure of this accident, rupture the membranes as soon as the os uteri is well dilated. I would do so from two considerations. First it will give a longer time for tonic contraction of the uterus, for when there is a large accumulation of liquor amnii, and it escapes some little time before delivery, tonic contraction takes place at least. In the second place you will avoid the nervous shock, (a frequent source of inertia) which is so apt to take place on the sudden escape of the contents of the uterus. An additional advantage, which I have witnessed in a number of cases, you hasten labor, thereby preventing the extreme exhaustion incident to protracted labor and so favorable to inertia of the womb. A protracted second stage of labor exhausting as it does the nervous and muscular system, is universally regarded by authorities as one of the most frequent predisposing causes of post-partum hemorrhage, hence our best and most cautious authorities advise that as soon as we find exhaustion coming on from a protracted second stage, to resort to instrumental delivery; yet strange to say, it is the boast of some old practitioners that they have never used the forceps except in cases of contracted pelvis; I do not know that they could boast so truthfully, that they had never lost a patient from neglecting the use of this instrument. There is a prejudice I know among the people against instrumental delivery, owing to their ignorance of its necessity and safety; and if we would avoid the dangers incident to a long drawn out labor, we would take more pains to enlighten the people and to familiarize ourselves with the use of the forceps, and resort to them far more frequently than we generally do.

A preventive measure of the highest repute, and I believe universally acknowledged by writers, is ergot.

All agree that this agent both reduces the calibre of the

blood vessels, and acts on the muscles of the uterus, so as to produce contraction, and consequently condensation of this organ.

We would, therefore, naturally come to the conclusion, that as a preventive medium of flooding, ergot excelled all other agents. It may be that it does; it may be that we possess no agent equal to it. From the physiological action of this medicine, and the universality of its commendation, I have always administered it where I apprehended flooding, and I believe it is the custom of some, universally to administer it just before the birth of the child. And yet I do not know that I have ever derived any benefit from its use at this time. In some cases, where there was a predisposition to flooding, I have even thought it detrimental by the very irregular contraction of the uterus it sometimes induces, thereby promoting the accident it was given to prevent. I may do injustice to what all regard as a most valuable preventive. I may have been in error in my experience of its use. In as many as two or three confinements of the lady mentioned above, irrregular, or hour-glass contractions, which favored and were accompanied by excessive flooding, were merely a sequence or consequence of the use of ergot, I cannot tell. I incline, however, to the latter view of the case, and would like to hear from other members of the society, as to what has been their actual bedside experience with ergot as a preventive of post-partum hemorrhage.

The preventive measure which I esteem of greater importance than any other, and to which I would direct the especial attention of the members of our society, is this: so soon as the second stage of labor is completed, I let the child, if crying lustily, be so placed as not to receive any injury, and direct my attention wholly to the mother, by placing my hands over the region of the womb, and making firm, uniform, and persistent pressure, till I can feel the uterus like a globe or ball just above the pubis. I do not yet discontinue the pressure, but keep it up for half an hour. I have pursued this course since its recommendation by Crédé, and, as a result, I believe I can say, with entire truth, I do not meet with one case of flooding where I formerly met with five. It was formerly a frequent accident with me; it is now very rare. I know some recommend that the woman shall have a period of entire rest so soon as the child is born, but if there be a predisposition to hemorrhage, this rest

may prove a negligence on the part of her attendant even fatal to his patient. Some physicians rely on the bandage; it is not in my estimation near so sure a preventive as the hands. It was formerly my custom to cut this cord as soon as the child breasted freely, and cried; I now postpone that duty often for half an hour, by which time the circulation in the cord has entirely ceased, and most generally the placenta has been expelled from the uterus, and is no trouble to remove from the vagina.

But notwithstanding all the precautionary means we may adopt, and agencies we may use, flooding of an alarming character will too often take place. It may follow immediately after the birth of the child, and before the expulsion of the placenta. In such an event, I would use friction, pressure and cold to the abdomen, slight traction on the cord, and administer perhaps a free dose of fld. ext. of ergot. Should the flooding continue and become alarming, I would introduce my hands into the uterus, and gently insinuate my fingers between the placenta and uterine walls, and await the contraction and expulsive efforts of the womb. No force should be used, but we should permit both hands and placenta to be expelled by uterine contraction.

On account of the alarm and dread often excited in the mind of the patient and the pain attending the operation (for it is both painful and terrible to a delicate and feeble woman to have a man's arm introduced into her belly up to the elbow) some young men might be deterred from attempting it, but when gentler means fail, and we remember that both the life of the patient and our own reputation and future success depend on such action, no one should hesitate. It would be a terrible thing to permit a patient to die of flooding from an undelivered placenta, and would damn a physician in the estimation of a community where he made no effort to remove it. I have known of two such instances in the county in which I reside, the attending physician, either through ignorance or timidity, making no effort of the kind. More generally in my experience, and such is the experience of a number of authorities whom I have examined, flooding does not take place till some time after the placenta has been expelled.

I have often congratulated myself on the happy termination of labor both to mother and child, have examined the uterus and found it well contracted, have joked with the ladies present, have talked to my satisfaction, have given my directions for the

future management of the case, have even ordered my horse preparatory to taking my departure, when suddenly the condition of my patient attracts my attention; I find her pale, prostrate and almost pulseless. I explore the region of the abdomen; I feel no globe or ball just above the pubis, but on firm pressure I discover the uterus, to use the language of another, all spread out, as it were, and as limp and flabby as a wet cloth; I find the bed all flooded with blood, and blood still issuing in a stream from the vagina. Perhaps she is faint and inclined to vomit. In such an emergency what shall be done? There is necessity for cool, deliberate, intelligent and rapid action. An error in practice, sluggishness of thought or slowness and timidity of action may cost the life of one entrusted to our care. I am never more forcibly impressed with the importance and responsibility of our calling and the criminality of him who assumes this responsibility without adequate preparation, than under such circumstances. At such a time I at once take off my coat. I remove bolsters and pillows from under her head. I elevate the foot of the bed six inches or a foot. I do this that the brain as the center of all nervous influence may have the advantage of gravity in obtaining all the blood possible. I give at once a teaspoonful of the fluid extract of ergot. I use friction, pressure and cold over the region of the womb.

In the meantime if the flooding continues and the powers of the system are still sinking as evinced by a feeble and almost imperceptible pulse, a sighing respiration, coldness of the extremities, tossing about of the arms, partial blindness and deafness, I should give brandy or whisky, the hypodermic injection of sulphuric ether, as recommended by Playfair, the removal of all clots of blood that may have accumulated in the vagina or neck of the womb, for these clots, contrary to their action in other cases, promote the hemorrhage. I have occasionally found the mere removal of clots of blood from the vagina and neck was speedily followed by tonic contraction and the entire cessation of hemorrhage. If these means prove abortive I should introduce my hand into the womb and endeavor by pressure from without and within to excite tonic contractions. In addition to these means, if necessary, I should on the recommendation of Playfair and other authorities inject warm water of 110 or 120 degrees into the uterus. I have never had occasion since its recommendation to use this

agent, but from the very favorable notices I have read I shall certainly employ it the first opportunity.

Dr. Penrose, of Philladelphia,speaks in the highest terms of the injection of common vinegar into the vagina as a remedy which in his hands hands never failed. It is an agent always at hand and from the very high authority of him who recommends it, it is certainly worthy of trial. Dr. Thomas, of New York, uses an injection of alcohol and hot water. Dr. Wilson, of Baltimore, relies on scraping the placental surface of the uterus with his fingers.

There is one other remedial agent of which I desire to speak, and that is the per or sub sulphate of iron. It is condemned by many as a most dangerous remedy, liable to produce almost instant death by escaping through the Fallopian tubes into the peritoneal cavity. By others it is objected to as an irritant to the uterus, and likely to excite a fatal metritis. I do not think, however, we are justified in discarding a valuable agent because it is sometimes followed by a fatal effect. We should weigh, so to speak, its virtues and vices and if we find the former very greatly predominate, let us not condemn it in toto, because of its occasional vices. Chloroform and sulphuric ether occasionally kill, yet no surgeon would be deprived of their life preserving influence in grave operations because of occasional accidents. Even opium, our universal panecea for the pains of life, owing to some peculiar indiosyncrasy of the system, will now and then in an ordinary dose be followed by a fatal effect, yet no one is so simple as to banish it from the list of remedial agents because of this peculiarity in some systems.

We are treating a case as grave as any that the physician meets with; we have tried all ordinary and safe agents with no effect; we have used friction, pressure and cold to the bowels; we have given ergot, brandy and whisky; we have used the hypodermic injection of sulphuric ether; we have removed clots from the vagina and neck; we have introduced ice into the womb, we have introduced the hand into the uterus and made pressure from without and within; we have injected hot water or vinegar, all with no good effect; our patient is rapidly falling into the arms of death. Shall we permit her to pass beyond our reach, or shall we try an agent which we know sometimes kills.

So far as my individual practice goes, I have been answering

this question for the last ten years. I always try the ordinary remedies in the first place. These failing, I dissolve a teaspoonful of the per sulphate of iron in half a pint of water and inject it, as well as I can, into the womb. I have followed this practice in several instances; I have never found any bad results following it, and in every case in which I have thus used it, the flooding was speedily arrested. How the per sulphate acts to arrest hemorrhage is a question in dispute. Dr. Trask alleges it acts merely as an irritant, and hence endangers metritis. Dr. Playfair says it acts as a styptic, closing the open mouths of the uterine vessels by temporary thrombi. Hence he advises all efforts to produce tonic contraction should be discontinued after the injection of the per sulphate. I will not attempt a discussion of the question, how it acts. I know it to be a most valuable agent in the arrest of post-partum hemorrhage; it has never failed in my hands; it has never been followed by bad consequences and if any present have never used it, I can recommend it as the most certain remedy we possess for this accident. I have thus endeavored, gentlemen, briefly and in my plain blunt style to speak of the causes that produce the agencies that prevent and remedies that arrest post-partum hemorrhage. That all of my views are correct, I will not positively affirm, and that they will meet the sanction of all members of the society, I do not expect. I trust therefore, that all will express their views, that we may have a free intercharge of ideas, and a full and profitable discussion of a question, interesting to every physician and so vitally interesting and important to every child bearing woman.

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The medical profession has long realized this vital imperfection in all extracts of meat, and desiderated a food for invalids which shall combine the stimulative and nutritious properties of Beef, and be at once palatable and easily digestible. THIS PREPARATION CLAIMS TO MEET THE WANT. It has been submitted to the most searching chemical analysis by the leading analysts of Great Britain, and has been adopted in their practice by the highest medical authorities, all being as one in their appreciation of its substantial merits. It is now offered to the notice of the medical faculty of this country and to the general public, with full confidence that it has but to be known to be popularly accepted.

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Dr. Nichols, 131 Spruce street, Philadelphia, says: "I have used it in a case of a child suffering from extreme debility after an attack of cholera infantum; the child began to improve immediately, and is still taking the Fluid Beef. I find it very palatable and nourishing, easily digested, and am satisfied that the contained fibrine is perfectly assimilated by the tissues of the body, as shown by a great gain of strength, etc. I feel assured it will meet with general favor."

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JOHNSTON'S FLUID BEEF is now extensively used in British and Continental Institutions, Hospitals and Asylums, and is prescribed by the medical faculty wherever it has been introduced.

Its adaptability is general to the invalid, the convalescent and the vigorous. To children it secures a strong muscular development, and for maternal nursing, imperfect mastication, athletic training, physical exhaustion, indigestion or mental overstrain, it is the perfection of known food.

DIRECTIONS FOR USE. Add a small teaspoonful to a cup of boiling water, and season to taste: or as a sandwich paste it may be used on toast, with or without butter. The can may remain open for weeks without detriment to the contents.

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PRESCRIBED IN THE SAME MANNER AND DOSE AS QUININE.

The experience of old practitioners confirms the belief that preparations of the Peruvian Bark in many cases are more potent in arresting intermittents than Quinine, therefore a preparation comprising the average constituents of Peruvian Bark, definite in its composition, supplies a want long felt, and it is this which induces us to offer Quinamine as the most desirable preparation in lieu of Quinine.

We are free to confess our belief that there is no substitute superior to Quinine, that is to say, that there is no substance equally as potent and reliable now discovered, that will replace this valuable and well tried remedy; but there has been an increasing demand for a cheaper substance than Quinine, and in accordance with this requirement we have made the nearest approach to what is desired, in the discovery of the new Antiperiodic, Quinamine.

Excepting Amorphous Quinia, the other constituents of Quinamine have long been used with much success. The U S. Dispensatory informs us that Cinchonia may be used in place of Quinia, by increasing the dose one-half; but we think this is scarcely correct. Cinchonidia has of late been much employed in place of Quinia, and the well known house of Powers & Weightman has taken great pains in furthering its introduction and lauding its efficacy. It constitutes from thirty-five to forty per cent. of Quinamine, but Quinidia and the uncrystallizable Quinine comprise the most valuable constituents.

Physicians will find it to possess all the advantages claimed for it, while the cost is about one third of that of Quinine, at its present price. The manner of administration and dose are the same. It may be given in powder or pill, or in solution by the addition of an acid, as in case of Quinine.

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PHILADELPHIA.

ARTICLE XXVI.

PUERPERAL CONVULSIONS.* By S. E. BUCKNELL, M. D., of Greencastle, Madison County, Ills.

On the 24th of July, 1878, I was called to see Mary B———, living near Shipman. She was then pregnant for the first time and had arrived at full term and was expecting to be confined daily. She was suffering with a severe headache. She had a slight chill some two hours previously followed by considerable fever. Pulse when I first saw her about 90 per minute; strong and full. Her feet and ankles were swollen and œdematous and her bowels constipated.

Apprehending danger and trouble in the near future I ordered an enema consisting of croton oil m x., olive oil ʒ1, warm soap suds one pint. This moved the bowels quite freely. I then prescribed a tablespoonful of the following mixture every four hours:

℞ Bromid. potass.....ʒ1
Tinct. Verat. Vir. (Norwood).....mxx
Aquæ.....ʒ1

On the morning of the 25th I was informed that the patient had rested well and was feeling quite comfortable. I heard nothing more from the case till I was called at 10 o'clock on the evening of the 29th to attend her in labor. I found he in good spirits and all the circumstances indicating a favorable termination. A vaginal examination revealed a head presentation and and the os uteri dilated to about the size of a quarter of a dollar. The labor, however, proved to be a lingering one, the pains, though frequent, accomplished but little. The patient complained of excruciating pain in the back in the lumbar region. At 3:30 o'clock A. M., the os being fully dilated, I ruptured the membranes. I did this for two reasons: first, to guard against post-partum hemorrhage, and second, to hasten the labor by rendering the pains more expulsive in their nature. This last mentioned object was certainly accomplished, the pains becoming much stronger and more frequent. The labor was apparently approaching a favorable termination, when at 4:15 o'clock I

* Read before the Madison County Medical Society, July 29, 1879.

noticed the patient gazing fixedly at the wall on her right; there was also a slight nervous twitching of the muscles of the mouth. A moment later all the horrible symptoms of puerperal convulsions were developed. Without calling upon any of the confused and terror stricken occupants of the room for assistance, I immediately took my handkerchief from one pocket and a two ounce vial of chloroform from another, and commenced to administer it to the now apparently dead woman. In few moments the respiration became more regular and the muscular system became relaxed. I then dispatched a messenger to Shipman for a pair of forceps and more chloroform. I kept the patient partially under the influence of chloroform till the return of the messenger. The head of the child was now pressing against the perineum. Rendering the anæsthesia more complete, I introduced the forceps and in about ten minutes delivered her of a living female child. Satisfying myself of the occurrence of uterine contraction, I left the mother while I superintended the dressing of the infant. Within a half an hour the mother came from under the influence of the chloroform and though her ideas were slightly confused, she was perfectly rational. She had no recollection of the birth of her child or of any event subsequent to the convulsive seizure. I now attempted to deliver the placenta, but on examination I found it still retained in utero. I next proceeded, as is my custom in cuch cases, to insert my hand within the uterus for the purpose of removing the after birth. On attempting to insert my fingers within the os, I felt it contract spasmodically and instantly the mother was seized with another convulsion. I again administered the chloroform, and while the patient was under its influence obtained the placenta. I kept the patient partially anæsthetized for three hours and left her in a sound sleep. I left, as was my custom, four, ten grain Dover's powders, with instructions to the attendant to give one every two hours, if the patient should be troubled with after pains, till she was relieved. Eight hours later I was again summoned to see the patient, she having been seized with another convulsion just thirty minutes after taking the second powder. I found her in a semi-comatose condition, skin hot and dry, pulse 90 per minute. I then ordered the following injection per ano:

Bromide of Potassium	℥j
Tinc. Verat. Vir.	mxx
Warm water	℥j

In less than one hour the pulse fell to 80 per minute, and she commenced to perspire quite freely. She seemed to be in a refreshing sleep. In two hours the pulse fell to seventy per minute and she awoke perfectly rational and called for a cup of tea. I then ordered bromide of potassium in ten grain doses every four hours. The patient had no more convulsions but made a good recovery and left her bed on the seventh day. The thoughtful after-consideration of this case suggested the following questions: first, might not these convulsive seizures have been entirely prevented? was the third convulsion induced by improper medication?

What is the best treatment in cases of puerpural convulsions? During the past year I have consulted all the literature on the subject to which I could gain access. I have endeavored to compare and analyze the statements of different writers, and have carefully studied the conditions under which the disease is most likely to occur. I am now fully persuaded that the convulsive seizures in the case just narrated might and ought to have been prevented. I am also convinced that the third convulsion resulted from the opium administered in the Dover's powders. A knowledge of the best treatment, of necessity, depends upon a thorough and exact knowledge of the cause of the disease, and in reference to this part of the subject, we find that the various writers differ widely. Cerebral congestion, cerebral anæmia, and uræmic poisoning, have each in their turn been advocated by different writers as the exciting cause of this much to be dreaded complication of labor. So much difference of opinion existing in regard to the pathology of the disease, it necessarily follows that the treatment will be varied and not unfrequently conflicting in its nature. The phenomena preceding, accompanying and following this disease have been carefully observed, studied and described by a large number of writers, and in this description they all substantially agree, the difference of opinion arising solely from the different interpretations given to these several phenomena. We can only hope, therefore, to arrive at an intelligent conclusion in regard to the cause of disease, by carefully examining the conditions more favorable to the development of puerperal convulsions. We find that nearly all writers agree with the following statements.

The conclusive seizures occur either during the last few

weeks of pregnancy, during labor, or just after the birth of the child. They are almost invariably developed during first pregnancies, over ninety per cent of all the cases occurring, according to Bedford, in primipara. According to the same author, the patients are almost all *young* women, between the ages of seventeen years and thirty years. Again, by far the highest proportion of all the cases occur *during labor*. Now, what series of phenomena are presented by a young woman pregnant for the first time, as she nears the termination of the period of utero-gestation? The uterus is greatly enlarged and occupies nearly the whole abdomen. It must, therefore, press to a greater or less extent upon all of the contained viscera. The muscles which form the abdominal walls are tense and unyielding, and consequently exert a strong pressure from before backwards. In reference to this matter, Professor Meigs used the following language: "Women, in whom the abdominal muscles have not lost their tone, by repeated extensions in pregnancy, *compress* the uterus strongly in a direction *towards* the *back*, whereas, those whose abdominal walls have become weakened by numerous gestations, carry the child very low, to use a common expression, allowing the enlarged womb to rest upon the muscles in front of it, as upon a shelf. In the former case the pressure of the organ towards the spine, must to a very much greater degree *interfere* with the *current* of the blood in the *great vessels* of the abdomen." The pressure made upon the descending branch of the aorta and the iliac arteries forms a very considerable obstacle to the passage of the blood to the inferior extremities. The pressure made upon the emulgent veins, results in venous congestion, and in serious exudation, causing œdema and swelling of the lower extremities. This renders the circulation in these parts still more difficult and sluggish. The obstruction to the circulation being so great in the lower extremities, it necessarily follows that the proportion of arterial blood circulating in the brain and upper extremities must be very largely and abnormally increased. The pressure upon the emulgent veins of the kidneys also results in a congested or hyperæmic condition of those organs, which condition inevitably results in albuminuria. This congested state not unfrequently extends to the spleen, liver and occasionally the lungs. We should naturally infer that it would require increased power to force the blood through these congested organs, hence we are not surprised to find hypertrophy

of the heart in these cases. According to Playfair this condition was first noticed in 1848, and since that time it has been verified by numerous observers. The enlargement is limited to the left ventricle. Blot estimates that the weight of the heart is increased one-fifth during pregnancy. The *power* by which the blood is propelled, being very *sensibly increased*, and the circulation being very materially impeded in the lower extremities, and in nearly all the abdominal organs, it is evident, since the blood will flow in the direction in which it encounters the least resistance, that the brain and upper extremities must receive a very large supply of arterial blood, and as a consequence, we have protracted habitual hyperæmia of the brain, greatly increased arterial tension, and intercerebral pressure.

Statistics inform us that a very large proportion of all the cases of puerperal convulsions occur during labor, and this we should naturally expect, since the parturient effort aggravates and intensifies all the conditions named. During muscular contraction the heart always acts with more force and power and greater rapidity; labor is therefore accompanied by an acceleration of the pulse and an increase in its volume. In the language of an able writer on the subject, "It is a rule, with rare exceptions, that the heart beats with *excessive* force and the arteries are highly charged with blood during the pains and exertions of the parturient state." Now in the primipara the contraction of the strong, tense, abdominal muscles presses the uterus upon the large vessels of the abdomen at the very moment when the heart is acting with greatly increased force and vigor, and as a necessary consequence the arterial tension and intercerebral pressure are suddenly and largely increased. We have shown that one of the essential conditions for the development of this disease, consists of the partial obstruction of the circulation in the lower extremities and the more complete this obstruction, the greater the probability that the convulsive seizures will ensue. We have shown also that this obstruction to the circulation must result in cerebral hyperæmia and in greatly increased arterial tension and intercerebral pressure. We believe that this brain pressure is the *cause of the disease* in *almost every case.* Numerous experimenters have demonstrated the fact that the quantity of blood within the skull varies with every pulsation of the heart and with every respiration. Dr. Hammond has shown that the phenomena of intoxication are caused by intercerebral

pressure, and that recovery takes place only when the pressure is removed. Dr. Watson says, "it is certain that there is a constant alteration of a greater and lesser compressing force exerted upon the brain during life and it is equally certain that the compressing force may *transgress* its *natural limits* in either direction; may be too great or too little. The function of the nerve centers may be *perverted* or *lost* when the pressure becomes *excessive* or when on the other hand it becomes *insufficient*. Clinical experience teaches us that the symptoms of pressure upon the brain are convulsions, coma and paralysis, and these phenomena taken together constitute the disease under consideration. Paralysis of the optic nerve is of frequent occurrence. This paralysis, it is true, is of but short duration, because the excessive cerebral pressure, from which it results, is, from the very nature of the case, transient in its action. Prof. Meigs records two cases of convulsions in which there was complete loss of sight from temporary paralysis of the optic nerve, caused by excessive compression of the cerebral substance. Venesection in both these cases gave complete and immediate relief. I believe history will bear me out in the assertion that there never has been a case of puerperal convulsions that was not *preceded by symptoms indicating* a more or less *complete obstruction* of the circulation in the lower part of the body. This impediment to the circulation is of necessity followed by greatly increased arterial tension and consequent brain pressure, and this pressure is amply sufficient, as has been shown, to account for all the phenomena of this much dreaded disease.

So far as albuminuria is concerned, I am fully pursuaded that it has nothing to do with the development of this disease, and is only remotely connected therewith. It has been shown that albuminuria may result from a very slight congestion of the kidneys. It seems indeed to be very generally conceded that it frequently merely denotes an active or passive congestion of these organs. The first stage of Bright's disease may be associated with hyperæmia and consequently albuminuria, but I protest against the idea of regarding every case of simple congestion of the kidneys as a case of Bright's disease.

The albuminuria of pregnancy is exceedingly transient, disappearing immediately after delivery, rendering it almost certain that there is no structural disease of the kidneys. It is on the other hand equally evident that it is caused entirely by pres-

sure upon the emulgent veins of these organs. Dr. Brown-Sequard positively ascertained the influence of pressure upon the renal veins in a lady who had albumen in her urine during the ninth month of pregnancy. He placed her in such a position that the force of gravity would diminish the pressure and in a short time the albumen disappeared from the urine only to return again, when she assumed her former position; this experiment he repeated several times with the same result. Again the urine may, and frequently does contain albumen without there being any diminution of the amount of urine. Dr. Bence Jones and others have recorded numerous instances of this kind. But suppose there should be a small portion of urea retained in the blood during the last few weeks of pregnancy there is no evidence to show that it would prove injurious, but on the contrary, the numerous experiments and careful observations of a number of investigators would seem to prove beyond all doubt that urea is not poisonous. Bright, Christenson, Rees and others, have recorded numerous instances in which large quantities of urea have existed in the blood of men for years, unaccompanied by any toxic symptoms. Dr. Bence Jones regards urea as probably not more poisonous than nitrate of potassium.

Again, instances are not wanting where women have become pregnant while suffering from Bright's disease, and who have completed the full period of utero-gestation, had a good labor and made a rapid recovery without presenting a single symptom of puerperal convulsions. Again the most exquisitely marked cases of convulsion do occur unassociated with abuminuria.

When, therefore, we come to consider that women who are the actual subjects of Bright's disease frequently pass through pregnancy and labor without convulsive seizures. When again the severest types of the disease frequently occur in women who are not albuminuric. When too, we learn that the albuminuria of pregnancy is unassociated with structural change in these organs and depends merely upon the partial congestion, caused by simple mechanical pressure. When, also, we learn that even if urea be retained in the blood it is incapable of producing any such series of phenomena. When, therefore, we take all these circumstances into consideration it would seem impossible to regard albuminuria as an exciting cause of this disease. The connection, therefore, between albuminuria and puerperal convulsion is simply this: When the great vessels of the abdomen are

compressed by the enlarged uterus the emulgent veins of the kidneys from their location are also very liable to compression from the same cause. Albuminuria is, therefore, merely a *symptom*, indicating that the enlarged uterus is exerting a pressure upon the vessels of the abdomen which is resulting in an obstruction or impediment and this interference with the circulation is undoubtedly the prime cause of every case of puerperal convulsions. Now, if anæmia of the brain be an exciting cause of this disease, why do the convulsive seizures cease with the delivery of the child, since the anæmia frequently becomes more excessive after delivery than it was before. We frequently see patients suffering from the most extreme degree of anæmia caused by the gradual loss of blood or by inanition, and yet these persons seldom or never suffer from an attack of convulsions.

Persons troubled with severe and repeated hemorrhage, or in whom some disease of the stomach interferes with the assimilation of the food are apt illustrations of this condition.

A pregnant woman may have thin, watery blood, and such a woman may be seized with convulsions, either before, during or after labor, for it is evident that the increased arterial tension and cerebral pressure depend, not upon the *quality of the blood*, but are caused by the obstruction offered to the passage of that fluid in the lower part of the body. Indeed, in women of this class, the brain having suffered from imperfect nutrition is more easily affected than in women of the opposite class. It may be safely stated therefore, that anæmia when produced gradually, is never an exciting cause of this disease.

It is true that when an animal is bled to death, that event is preceded by convulsive seizures, but these convulsions are evidently caused by the *rapid diminution* of the *inter-cerebral pressure.*

Numerous experiments have demonstrated that the *rapid reduction* of the brain pressure is followed by symptoms very similar to those produced by compression. Convulsions produced in this way are almost invariably fatal, and when they occur during labor are always the result of profuse hemorrhage. The true puerperal convulsion on the contrary, is immediately relieved, either by hemorrhage or bleeding.

The immediate cause of puerperal convulsions being increased arterial tension and brain pressure, we should naturally conclude

that the most successful treatment would consist in reducing the arterial tension as speedily and effectively as possible, and this we find to be so. The best results are obtained from venesection, and the administration of such medicinal agents as will produce a sudden and powerful reduction of the arterial tension.

Many able authorities still regard bleeding as the most effectual way of accomplishing this result. Dr. T. G. Thomas regards venesection and the administration of chloroform as the best means of controlling this disease.

All writers unite in extolling the virtues of chloroform in connection with this disease. Bromide of potassium is also highly lauded by numerous writers as a very potent remedy, especially when given in *large* doses. In the proceedings of the Lewis County Medical Society, reported in THE ST. LOUIS MEDICAL AND SURGICAL JOURNAL for March, 1879, Dr. Risk reports a case of puerperal convulsions treated by himself in consultation with Dr. J. R. Lucas in which one drachm of Norwood's tincture of veratum viride was given within the hour with the happiest effect; and the proceedings of the same society reported in the May number of the same journal for the the same year, Dr. L. reports a case in which he gave over two drachms of the same substance within the hour without producing a bad symptom, and with the very best results.

A very brief examination of the remedies will show that their chief action consists in reducing the arterial tension. "Carter found that very decided anæmia of the brain can be seen in animals subjected to the influence of chloroform after the cerebrum has been laid bare; and accident in man has furnished the confirmation of his experiments. The careful experiments of the English chloroform committee prove that after the first half minute of the inhalation of chloroform there is a *progressive lowering of the arterial pressure.* On the heart itself chloroform undoubtedly exitss a *steady, powerful depressing* effect. In regard to bromide of potassium it is well established that a large dose of this remedy exerts a direct, paralyzing action upon the heart, lessening both the force and frequency of the pulse. Veratrum viride is found to be a very powerful spinal and arterial depressant." It is evident then that the remedial agents that produce the best results are those that produce a rapid reduction of the arterial tension. Veratrum viride is perhaps superior to all other remedies, excepting chloroform.

Opium is evidently contra-indicated, since by paralyzing the vaso-motor centers it produces dilatation of the small vessels, and thereby induces cerebral hyperæmia. Venesection has certainly been productive of much good in many cases, but this treatment is objectionable, principally on the following grounds:

From experience it is known that after venesection the quantity of the blood soon becomes the same through the addition of the serum taken from all the tissues, while the *quality* is greatly deteriorated by the abstraction of blood. A short time therefore after venesection the former blood pressure is re-established, but the blood is of an inferior quality. The good result obtained by bleeding is therefore only transitory, while the *evil effects* are *lasting* in their nature. We would prefer therefore, to reduce the arterial pressure by the administration of remedial agents.

ARTICLE XXVII.

OVARIOTOMY—RECOVERY. By A. V. BANES, M. D., of St. Joseph, Missouri.

Mrs. A. H. Jester, of Marysville, Kansas, American, aged, 48, very robust, the mother of six children, came to consult me in regard to an enlargement and swelling of the abdomen, that had been steadily increasing for the past eighteen months and had become a source of great annoyance from the weight and dyspnœa occasioned by it. I diagnosed it an ovarian cyst of the multilocular variety and appointed July 5th, as the date of the operation. I had a room prepared at my own residence. She was given a generous dose of castor oil the night preceeding the operation, followed by a strong enema the ensuing morning. Drs. Knight, Christopher and Craig kindly assisted me and rendered valuable aid. The usual incision was made from pubes to umbilical depression; after the cavity had been opened and sac exposed, the contents were drawn off, amounting to eleven quarts,

of a characteristic coffee colored fluid. The sac was then drawn through the tract of incision and ligated at its base by a double hempen ligature, tied on each side and the stalk encircled by another to make it doubly safe against hemorrhage. The pedicle was then amputated and a small vessel, that gave some trouble, promptly ligated. The cavity was then carefully cleansed and the pedicle dropped back. The incision was then closed by six deep and five superficial, interrupted sutures, the peritoneum, as usual, not being included. Adhesive straps were passed two thirds around the body and a compress saturated with carbolized oil, placed over the tract, supported by a broad flannel bandage.

She reacted very nicely and was given a grain of morphia, about an hour after the operation, as she complained of a great deal of pain and nausea. The tumor and contents weighed thirty-four pounds, and of the multilocular variety and consisted of six large and innumerable smaller cysts. The urine was drawn off with the catheter until the evening of the third day and after that was passed voluntarily. The wound healed by first intention, with the exception of the lower portion, which was left for drainage. All the sutures were extracted on the fourth day. She was given an occasional hypodermic as required and the bowels opened on the tenth day by a strong enema. Her temperature at no time reached higher than 102° and I never saw a patient recover so rapidly after undergoing so grave an operation.

Her left limb gave quite a great deal of trouble on account of considerable swelling, occasioned by the weakened conditition of the blood vessels but yielded readily to friction and the elastic bandages.

She returned home Aug. 3d, just twenty-nine days from date of operation.

Translations.

FROM THE FRENCH.

NEW MODES OF SURGICAL TREATMENT. ("Histoire de la Chirurgie Française" par le Docteur JULES ROCHARD. Edit. 1875.) Translated for the JOURNAL by B. A. WATSON, M. D., Surgeon to Jersey City Charity, and St. Francis Hospitals, Jersey City, New Jersey.

TREATMENT IN A VACUUM.—It was in 1866 that J. Guérin first expressed his ideas before the Academy of Medicine and the Academy of Sciences;[1] the following year he communicated to the latter new modifications which he had introduced in his apparatus in order to render the vacuum more uniform and to enable him to apply it at the same time to a whole ward of patients. This last result was accomplished by the means of a central reservoir and a common tube provided with branch tubes equal in number to the beds in the ward[2].

The same day on which Jules Guérin made the preceding communication to the institute, Maisonneuve exhibited to it, under the name of *continued aspiration*, a system which only differed from that we have just explained, in unimportant details[3]. Jules Guérin naturally claimed all the priority, and Maisonneuve relinquished his pretensions, to produce them, it is true, the next year and to give rise to a new discussion.[4] Since that epoch J. Guérin has taken occasion several times, especially in 1870, to dilate upon the advantage of this plan, but has failed to make them recognized. Lannelongue has proposed a much more simple means to make a vacuum over the surface of amputation wounds. His process consisted in placing the stump in a pocket formed of two sheets of rubber in apposition like those of a night cap. When it is enveloped in this sort of artificial

1. *Gazette Médicale*, 1866, p. 87, 729.
2. Comptes rendus, t, LXV, p. 886.
3. Comptes rendus de l' Académie des Sciences, 1876, t, LXV, p. 888.
4. *Gazette Médicale*, 1876, p. 748, et 1868, p. 567,572.

membrane air is blown into the cavity between the layers of rubber, the internal wall applies itself accurately to all irregularities of the traumatic surface, while the rest expands about the neighboring part of the limb. This means has been successful after the amputation of the thigh of a child[1].

Ventilation of Wounds.—This practice which was put in use for the first time, in 1857, at the hospital St. Eloi of Montpellier, by Professor Bouisson, comes back again to the treatment by occlusion since the author proposes, in drying the surface of the wound by means of a current of air, to produce there a thin crust which preserves it against the action of the atmosphere as is done by a superficial eschar produced by the nitrate of silver. The cicatrix protects by the cover which the wound itself furnishes[2].

The process consists in allowing the wound to dry in the open air when there is little suppuration, and in a less favorable case, to favor the evaporation by fanning or by directing on its surface a current of air projected from a bellows. To obtain a proper crust in a wound of medium size it suffices to ventilate it three or four times a day for a quarter of an hour. This little performance causes in the patient an agreeable sensation, the wound becomes pale, soon becomes covered with a greenish pellicle, at first little resisting but thickens rapidly. When things take a regular course the cicatrizations *sous-crutacée* (i. e. under the scab) takes place from the center to the circumference and when the crust falls off it leaves a reddish cicatrix; but it is not always so. It frequently happens that pus accumulates under the scab, raises it, loosens it by forming there little sinuses and that it must be removed in order to begin anew. Ritzenberger has strongly condemned this form of treatment as favoring adenitis. We share completely on this subject the opinions of Follin. Ventilation may be applied to wounds of very small compass for which the infrequent changing of the bandages is indicated, but its application is not suitable in cases of large, deep, inflamed or freely suppurating wounds. This mode of treatment, however, has not spread in practice.

1. Benj. Auger, Pansement des plaies chirurgicales, thése citée p. 96.

2. *Gazette Médicale* de Paris, 1858, p. 686, 698, 717, 737, 756, reproduit in *Tribut á la Chirurgie*, Paris, 1861, t. II.

Raw Cotton Dressing.—Cotton, as is well known, has been employed a long time as a dressing for burns. Various attempts have been made to generalize its use; Raux had recognized in it real utility, and it had been recognized by a military surgeon, J. V. Chatelain, in a memoir published in 1836[1].

Chatelain found it advantageous in maintaining a gentle warmth on the surface of the wound, in making for it a protection against the air and in diminishing the suppuration. Elsewhere cotton had been utilized as an agent for elastic compression by Burggraeve of Gand and by Nelaton in the construction of their immovable apparatus for the treatment of fracture and white swellings, but no one had thought to seek in this substance a prophylactic against surgical intoxication. This honor fell to Alphonse Guérin.

Prompted by the discoveries by Pasteur of the presence of organic germs in the air, and on the possibility of retaining them by the aid of a filter of cotton, he thought of making the application of this valuable principle to the surgical therapeutics. He thought it would be possible to protect amputation wounds from miasmatic intoxication, by enveloping them in a thick layer of carded cotton compressed strongly by the turns of a circular bandage. Alphonse Guérin applied his dressings in the amphitheater where the amputation had taken place. He makes use of perfectly pure cotton and that which has never passed through the sick wards. After having arrested the flowing of the blood as completely as possible and washed the wound with a mixture of water and tincture of camphor, he stuffs the whole depth with it, he covers the irregularities with little flakes of cotton until the cavity within the flaps is even with their borders; he applies over this first bed layers gradually increasing in thickness as was formerly done with the elongated compresses.

Other rolls still longer are then passed circularly around these, and superimposed enough to triple the volume of that trunk. The surgeon then commences the application of cloth bandages about the enormous cylinder, with gradually increased pressure, without shaking, in a uniform manner, so as to give to the last turns the whole degree of contraction that his muscular power will permit him to employ. When the stump has under-

1. Recueil de Mémoires de Medicine, de chirurgie et de pharmacie Militaires, 1836, t. 39, p. 61.

gone this sort of packing it may be lifted, pressed, even struck without any sensation of suffering being felt by the patient.[1] The dressing should only be removed at the end of the twentieth or twenty-fifth day, unless when the patient suffers from pain or some complication should occur, and this operation should never be performed in the general wards; Alph. Guérin caused the patient to be transported into the amphitheatre or to completely isolate the room. We shall not insist on the results of this mode of dressing; its principle object is to filter the air, to arrest the organic corpuscles which it contains, and not to prevent it from coming in contact with the wound, consequently, this not a treatment by occlusion in the liberal sense of the word, but it suffices to exclude the greater part of the atmospheric corpuscles. Alph. Guérin found it of the greatest advantage in exerting on the part methodical compression, in maintaining there a uniform temperature, in relieving the pains of the patient, in permitting the change of bed, in transporting the patient without causing suffering, in diminishing in a very sensible manner the abundance of suppuration, and in making it possible for the weakest patient to perform acts which otherwise would necessarily have been prohibited through fear of exhaustion. The results obtained by the author have corresponded with his expectations. In twenty-six amputations performed in the month of April and June, 1874, he lost only thirteen patients, and he notably saved one-half of his thigh amputations. The results would not have been anything very marvelous in themselves were we not acquainted with the circumstances under which they were obtained. It was at the Hospital Saint Louis, at the time when the events of the 18th of March and the 3d of April and the days of May had caused numbers of the wounded to pour in. During the preceding six months he had saved only one of his amputations. The mortality was also frightful in the other hospitals of Paris,[2] therefore, the success of Alph. Guérin caused the astonishment of the whole world.

Never had there been seen so many living patients with amputated limbs in the same hospital. His example was followed

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1. Raoul Hervey, *Pansements á la ouate*, in *Archives générales de médicine*, 1871, 6e Serie, t. xviii, p. 641, et Benj. Auger, thése citées, p. 8.

2. Voyez. pour les chiffres, le travail cité de Raoul Hervey, [*Archives générales de médicine*, 1871, 6e série, t. xvj, p. 643].

by other surgeons,[1] with results less brilliant, but which sufficed however, to satisfy them. Gosselin discovered that this mode of dressing was not a certain prophylactic against nosocomial intoxication, because he saw a patient die of purulent infection, whose limb had been amputated in his service, and in another case an attack of erysipelas followed. This moreover must be noted, that whatever case is taken in the application of the dressing a certain quantity of air always finds its way between the the envelope and the stump which it covers. The odor which is exhaled shows well enough that the pus does not preserve under this cover all its purity, and Hayem has demonstrated with the microscope that whilst the number of vibriones contained in it is far less than in the pus exposed to the open air, it yet contains enough to prove that the organic ferments compass the barrier opposed to them. The raw cotton dressing excludes all attempts at even partial immediate union; it is necessary to stuff the wound as did the ancients, and this is a deplorable practice, although, some of the present day seem to think differently. Allier has endeavored to free the method from this unfavorable condition, at least as far as it concerns minor operations, in which complete, immediate union may be attempted with some chances of success.

After having twisted the small arteries, and united the edges of the wound with the metallic sutures he envelopes the stump with cotton, and covers the whole with a starched dressing. He has succeded with this process in amputation of the fingers. He has likewise had recourse with advantage to like dressings[2] in the treatment of compound fractures.

3d. ARTIFICIAL ATMOSPHERES.—To surround the wounds with an artifical atmosphere is still to protect them from the air, and moreover, the gases which are used, exert on them a topical action which may be utilized in therapeutics. It was for this latter purpose that they were at first resorted to. The first attempt of this kind dates back to the epoch when Humphrey Davy studied the properties of gases at the *Pneumatic Institution* of Clifton. We have spoken of attempts made first by Percival, afterwards by Ingeze-Housz, Beddoës and John Ewart, to utilize the ano-

1. Broca à la Pitié, Verneuil à Lariboisiére, Tillaux à Saint-Antoine, Félix Guyon à Necker, Gosselin à la Charité.

2. *Gazette hebdomadaire*, 1871, p. 749.

dyne properties of carbonic acid in the treatment of ulcers of unhealthy character, and we have been told how these attempts had been revived by Mojan, in 1834, by Simpson and Follin in 1856. Two years later, Leconte and Demarquay undertook experiments of the same nature, but from another point of view. They proposed to study the action which the different gases exerted on the animal economy when injected into the cellular tissue or the peritoneum, their influence on the cicatrization of subcutaneous wounds, and finally the progress of cicatrization of wounds bathed in an atmosphere of carbonic acid. These experiments, the results of which were made known to the Academy of Sciences[1] have enabled them to establish the fact that none of these gases is poisonous, and that, with the exception of nitrogen, they all are rapidly absorbed; that oxygen, put every day in contact with the tendons divided by the subcutaneous method, retards their reparation; that hydrogen injected under the same conditions exercises a still more injurious influence and delays indefinitely the healing of these wounds by the inflammation which it maintains; that carbonic acid, on the contrary, favors healing and brings it about in a much shorter time than in tenotomies protected from contact with the air.

Carbonic Acid Baths.—Emboldened by the results obtained by their experiments, Demarquay and Leconte decided to utilize the topical action of carbonic acid in the treatment of exposed wounds, and afterwards having had constructed cushions of rubber of the kind of which we have already spoken on several occasions; they used them to immerse in carbonic acid the limbs attacked with gangrenous ulcers which had resisted all other means of treatment, diphtheritic wounds or those of an unhealthy nature which had remained in the municipal hospital more than two years in the surgical service without terminating in recovery. These patients were cured with a remarkable rapidity under the sedative and cicatrizing influence of this artificial atmosphere and the results were the same when the treatment was applied to recent traumatic lesions.[1] Since this epoch, Leconte and Demarquay have continued to employ it with the same success, and they have arrived at the conclusion that carbonic acid is the

1. Demarquay et Leconte, *Comptes rendus de l'Académie des Sciences*, 1858. t. xlvi, p. 652. et 1859, t. xlviii, p. 843. et 1859, t. xlix, p. 893.

1. Gazette Medicale 1860, p. 251.

most powerful agent of cicatrization of wounds exposed to the air and calculated to alter the condition of wounds which show themselves rebellious to all the ordinary means.[1]

Salva has been an eye witness to the happy results obtained at the Municipal hospital. He has recognized more especially the disappearance of pain and fetor in the last stages of cancerous ulcers, and for which carbonic acid is at all times an *anodyne*, *cicatrizant* and *disinfectant*.[2] Maisonneuve and Gosselin obtained like results. Finally, we may mention, although it is foreign to our subject, the good effects obtained by the aid of injections of carbonic acid gas by Barbier in otorrhœa, and by Broca in painful affections of the bladder.[3]

OXYGEN BATHS IN SENILE GANGRENE. — Demarquay and Leconte had, as we have seen, recognized in their first experiments that oxygen exerts decidedly stimulating action on wounds, but this observation had not given rise to any practical application, when in 1862, Raynaud, in a thesis on symmetrical gangrene of the extremities,[1] gave utterance to the opinion that the fundamental point in gangrene consists in the diminution or absence of the oxygen necessary to the integrity of the life of the tissues. This opinion, which had been suggested to him by the analysis of Réveil, gave to Sangin the idea of trying oxygen baths in senile gangrene. He obtained with it the most satisfactory results in two patients. The sphacelus was immediately limited, the sloughs were detached and cicatrization progressed rapidly. More recently he communicated to the Academy of Sciences two new cases, entirely favorable, observed by some provincial surgeons.[2]

Demarquay, with his habitual zeal, hastened to try the new method of treatment, and on the four patients that he subjected

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1. Demarquay et Leconte, Comptes rendus de l'Académie des Sciences, séance du 24 Mars, 1862. Demarquay, Essai de pneumatologie Medicale, recherches physiologiques, cliniques et therapeutiques sur les gaz. Paris, 1866.

2. E. Salva, Gazette Medicale, 1860, pp. 515, 529.

3. Paul Broca, Des injections de gaz acide carbonique dans la Vessie, comme moyen anesthesique dans les cas d'affections douloureuses de cette organe. [Moniteur des hôpitaux, 1857, p. 737.]

1. Maurice Raymond, De l'asphyxie locale et de la gangrene symetrique des extremitees, these de Paris. 1862.

2. Seance du 28 Avril, 1862, et du 25 Mai, 1863.

to it at the municipal hospital, the oxygen had no other effect than to modify the action in the gangrenous parts, and to arrest the production of the infected fluids.[1] Ch. Pellarin was no more fortunate in an attempt which he made at the Petit-Montrouge on a woman sixty-two years old.[2]

New facts, gathered since then and reported in 1866, by Foueras have, however, warranted a renewal of these trials.

Excerpts from late French Journals. By A. H. Ohmann-Dumesnil, M. D., of St. Louis, Mo.

Novel facts in support of the localization of language. M. G. Ballet has demonstrated this on the living subject. Charcot long since was enabled to plunge hysterical patients in either a *hypnotic* or *cataleptic* state, these being very different conditions. Hypnotism is characterized by the facts that: 1st. Limbs that are moved do *not* remain in that position. Muscles and nerves have a high degree of excitability; 2nd. The power of speaking exists, and the patient answers questions, recites poetry, counts or sings according as she is ordered. Drawing and writing can also be performed, as far as the natural capacities will permit.

To transform this state into that of catalepsy is easy: it is only necessary to open the eyes and permit the light to strike the retina. Then, 1st. There is no hyper-excitability of the nerves and muscles, limbs remain in the positions in which they are placed. 2nd. All external manifestation of thought is abolished. The patient does not speak, makes no gestures.

Now it is possible to induce both states at the same time. For instance the patient is rendered hypnotic, and then one eye is opened; the cerebral hemisphere which corresponds to the closed eye is hypnotic, and the other is cataleptic. A patient then is rendered hypnotic; the left eye is opened, and the right hemisphere is cataleptic, still she continues to speak, and to ges-

1. Demarquay, Comptes rendus de l'Academie des Sciences, seance du 8 Juin, 1863.

2. Union Medicale, 1863, Nouvelle serie, t. xvii, p. 136.

ticulate. But if the left eye be closed, and the right one opened, that is, if the left brain be made cataleptic, the patient becomes silent and no longer answers questions. If a sentence was begun it remains unfinished; no sign can be made. The conclusion is evident, that if the left brain is in a state of catalepsy, the faculty of speech is abolished. Prof. R. Lepine first conceived this experiment in 1878, and which has been almost daily repeated since.—*Progrés Medical*, Sept. 11th, 1880.

POISONED BY A LEECH.—A citizen of Berne having suffered from tooth ache consulted a dentist who advised the application of a leech to the gums. This was done, and in about two hours, the pain was greater, and the patient noticed a small swelling at the lip and it soon extended to the cheek, neck and chest. He unfortunately delayed until the next day before calling in medical aid. The head was entirely swelled, respiration was difficult and there was a high fever. A few hours later, there were rigors and delirium with convulsions. The second day he breathed his last. Prof. Langhaus made the *post-mortem* together with Prof. Lichtheim and Kocher of Berne. The wound in the gums was large and had black gangrenous edges. It was evident that this had transmitted a virus which had poisoned the entire body. It was impossible to ascertain how any poison could have been ingested by the leech which had been kept several days by the druggist.—*La France Médicale*, Sept. 22d, 1880.

STATISTICS OF CASES OF RABIES AND MEASURES TAKEN TO DIMINISH THE NUMBER.—M. Leblanc presented to the Academy of Medicine valuable statistics, and measures taken in Paris, since Jan. 1st, 1876. 1st. All wandering dogs in the city and suburbs are taken and killed, unless provided with a collar bearing the name and address of the owner; 2nd. All cases of rabies or suspected as such are carefully examined as well as those bitten by them; 3d. Posting publicly the instructions of the Council of Hygiene, giving the symptoms of the disease, and the means to employ in case of being bitten; 4th. Legal procedures against persons who allow their dogs to wander about, and against those whose dogs have bitten individuals.

It seems that the rigid enforcement of these rules diminished the cases of rabies from 613 in 1878, to 285 in 1879. The number of persons bitten was 67 against 103 in 1878, and there were

of the former 12 fatal cases, whereas of the 103, 24 terminated in death. The animals bitten also fell, being in 1878 485, and 314 in 1879; of these 314, 300 were killed. In 1880 up to Sept. 1st. there have been but 127 cases in animals, and two in man. This is a farther diminition and proves the efficacy of the rules employed.—*Bulletin de l'Acad. de Med.* No. 38 Sept. 26th, 1880.

FROM THE SPANISH.

Translated for the Journal by Dr. Ohmann-Dumesnil.

Intra-ocular Ossification around a foreign metallic body.—Dr. J. Santos Fernandez observes that intra-ocular ossifications have been observed from times remote although, as remarked by Pagenstecher, the cases noted have been incomplete. The opinions of a large list of authors next follows, being in the main, opposed to the true or complete ossification of the tissues of the eye. The author's observation is as follows: S. D., a native of Coruna of fourteen years residence in Cuba, came to consult us in regard to his eyes, Feb. 28th, 1880. Since March 8th, 1871, he suffered in his right eye from a wound received whilst repairing the bottom of a ship in the dock-yards of Havana. Whilst hammering at a bolt, a piece of it flew into his right eye; at the time he felt no great pain but upon applying his hand to it, he found a clear liquid, like the white of an egg, oozing. This continuing, he immediately started to see a physician residing at some distance. On his way, he experienced an intense pain in the wounded eye, and it lasted three months with but very short remissions. The attending physician merely sought to relieve inflammation, not suspecting the presence of a foreign body, which was probably concealed by blood and by the tumefaction of the lids. In a few months the pain disappeared, although the eye had been "turned into meat", as the patient expressed it, and no pupil was visible. Gradually this appearance disappeared, and the globe diminished in size. For the

last six months the pains have recurred, and there is in the center of the atrophied bulb an opaque body which projects, and which the patient thinks is the fragment of bolt which struck his eye nine years ago. Grasping the body with forceps and endeavoring to move it, we found it to be solidly implanted. Enucleation was advised as strongly indicated. The operation was performed, and the eye found of a reduced volume and presenting to the touch the consistence of a solid body. Upon making a section, two-thirds of the interior was surrounded by a bony substance, which formed a ring so perfectly adherent that it could not be separated. This incomplete osseous ring was 4 m. m. in its greatest thickness, and 1.5 c. m. in width, occupying the posterior part of the antero-posterior diameter of the atrophied eye, and covering the foreign body up to its point, which was somewhat sharp. Both bodies together completely filled up the cavity of the eye, which was of the size of a large filbert. The bony ring and foreign body weiged .95 grms. immediately after the operation, and, after having been well washed. The day after the operation the pain had all disappeared. The pathological specimen was given for histological examination, but unfortunately was lost.—(*Cronica Medico-Quirurgica de la Habana*, Aug. 1880.)

Periscope.

THE IMPORTANCE OF PREVENTING COLDS.

SHAMPOOING.—This is injurious to the scalp and the hair; it removes every particle of oil from the head, causing the scalp to become dry and full of dandruff, and the hair to lose its glossiness and natural color, generally giving it a faded and a lighter appearance; but worse than this, on account of the absence of the oil, the patient is more liable to take cold, on even a slight exposure of the head to a draught of cool air.

The application of oil to the head is very beneficial to the scalp and the hair. It should be well rubbed on about once a week, and oftener if the hair has a tendency to become dry. This practice will lessen the liability to colds after head-washings and hair-cuttings.

WRAPPINGS FOR THE NECK—FURS.—The fur neck-wraps worn by males, and the fur capes worn by females are injurious. They are so close that they excite perspiration of the parts covered, and thus render the wearer more liable to take cold. All close wrapping of these parts tend to increase the congestion of the mucous membrane by their excessive warmth. Light, loosely woven woolen wraps are good and necessary during cold weather, for both male and female patients. If these do not keep the neck and upper portion of the chest warm enough, then an additional woolen under-vest should be worn.

SHIRT COLLARS.—Constriction of the neck should be avoided. I have frequently had patients who complained of a sense of dizziness on the inclination of the head to the right or left shoulder. With a respectable minority of them, it was found that this symptom was occasioned solely by a constriction of the neck by the collar or the shirt band. I have often observed the collar fit so close, that it was with difficulty that a finger could be inserted between it and the neck. Of course a constriction even to a less degree than this will prevent a free circulation of the blood in the head, and will not only sustain but aggravate any congestion that may exist in the mucous or other tissues.

Shirt collars and shirt bands should fit the neck so loosely as to allow the four fingers of both hands to be inserted between them and the neck.

CLOTHING.—Although we cannot at all times control the temperature of the atmosphere surrounding us, yet, if we protect the body with the proper kind and amount of clothing, a low temperature, instead of its being a detriment, will prove to be the most favorable condition for the promotion of mental as well as physical vigor; therefore, patients who are enjoying good health, having no symptoms of disease, except those which are occasioned by their catarrhal affection, need not discontinue their usual occupation, even if, during the cold and damp seasons, they are exposed to sudden and great changes of temperature, but they need to take great care that their bodies are well protected by clothing.

During our cold seasons, the air within our buildings is warmer than the air without, and it is impossible to avoid the change from one to the other, but enough can be done to prevent any injury from the sudden transition to the colder atmosphere, by covering the body, in addition to the usual outer-garments, with a sufficient amount of under-clothing before leaving the sleeping-room, and, in very cold weather, by putting on a proper amount of over-clothing before going out of doors. It is astonishing how large a number of persons there are who neglect to take this very simple precaution. Many, if spoken to on the subject, will triumphantly say that they wear a large and thick chest protector! But the largest, even, of these scanty garments cover the front portion only of the lungs, leaving the stomach, and the back and sides of the body, as well as the upper and lower extremities insufficiently clad.

Deficient clothing, colds, and chronic catarrh of the superior portion of the respiratory tract, bear the relation to each other of cause and effect. We would have no colds without a deficiency of the covering of the body; we could have no chronic nasal catarrh without a frequent repetition of colds; therefore, the maintenance of the body in a warm, equable temperature, is of the greatest importance, and no effort, on the part of the patient, that will effect this, should be neglected.

The fact that patients have acquired a liability to take cold on the least exposure, plainly indicates the necessity that they should protect the body by clothing it more warmly than they have been accustomed to do, until such liability no longer exists. This advice is applicable to female patients especially, because, while they are in an enfeebled condition, taking cold more easily on account of their catarrhal complaint, they continue to follow, in the matter of dress, the customs of their sex in clothing themselves with a kind and form of dress that is imperfectly adapted to ward off the injurious effects of sudden changes of temperature, even during *cool* weather. Every time that a lady, whose garments below her waist consist chiefly of loose skirts, passes the corner of a street on a blustry day in winter, she is chilled up to her knees in a few seconds, the warmth of her body being

almost instantly blown away from her skirts. It may be that a strong woman can undergo such exposure with impunity, but there is no doubt as respects a catarrhal patient being injured by it.

By the way, one of the most remarkable circumstances connected with dress in general, is the difference between the form and amount of clothing that are usually worn by woman, and the amount and form that are worn by man, as compared with the strength or power of resistance in the sexes. If the lighter garments were placed on the body of the sex that possessed the greater strength or power of resistance to external atmospheric influences, there would be nothing remarkable about it; but these conditions are reversed, the weaker sex have not only the less amount of clothing, but that form of it which gives the less protection.

Most women are conscious that they, as a class, do not possess the bodily strength to resist the effects of inclement weather equal to that of men, yet notwithstanding this, they clothe themselves with garments that are made of such light material, and which enwrap them in such a loose manner, that they do not receive more than from one-third to one-half of the protection that an adult male has from his garments. I am certain that if the strongest man were to clothe himself in the same form, kind and amount of garments that most women do, he would soon be laid up with some kind of sickness originating from the exposure. Although every weak, illy-clad female will readily admit this, yet it is almost as difficult to persuade her to put on a sufficient amount of the right kind of clothing, as it is to persuade an old tobacco smoker or chewer to give up "the weed." The exclamations and protestations of my patients are so nearly alike, that it would seem as though they had agreed in convention to repeat the same words. On being informed of what clothing they should put on, in addition to their usual garments, they say: "Oh I can't wear two, three or four suits of under-clothing; it would kill me to carry such a load. I tell you I can't do it. I would do almost anything to get rid of this horrid cough and headache, but I can't wear that number of suits. Why, I tell you it would kill me outright! and I might as well die one way as another! And besides, how would I look? I would have no shape. I would be as broad as I am long. I do not have a dress that I could wear; every one of them would be too small!" There are a few patients who cannot be persuaded to clothe themselves properly, and in order that they may continue under medical treatment, will make promises — which will be repeated as often as the subject is mentioned — to take the utmost care to avoid exposure to night air, draughts, etc. Other result than an unfavorable one need not be expected from the treatment of such a case, for, in the great majority of instances, these promises are not kept, partly on account of their inability to do so, being prevented by

unexpected circumstances, but many times on account of inattention, a habit of some age in those patients. But such unreasonableness is not usual; a large majority, although protesting at the time that the subject is first mentioned, do put on the requisite number of suits, and, after they have worn them for a few weeks, express themselves as pleased with the additional warmth. The beneficial effects are soon so plainly manifested, that they become such thorough converts to the principle of warm dressing, that they do not forget nor neglect to put on the suit each succeeding fall, and wear them during the whole winter.

Patients of both sex and all ages, should wear in all seasons, fine stocking-knit drawer and vest, such as is usually found in furnishing stores. The material of which these garments are made, consists of about one-third wool and two-thirds cotton. This proportion of cotton to wool is more pleasant to wear than either all-cotton or all-wool goods. Cotton garments produce a cold sensation at such times as the body is covered with perspiration, while woolen garments do not absorb the moisture as fully as cotton does; whereas, with the mixture in the proportions named, the cotton absorbs the moisture, while the wool prevents the garments from adhering to the surface of the body.

When the weather becomes cold in the fall, a heavier suit should be put on over the thin stocking-knit suit already on the body. As soon as the thermometer ranges in the neighborhood of 15° F., female patients should put on a third suit as heavy as the second; and if at any time they are to go on a journey in the railroad cars, or are to be exposed for several hours during the coldest winter months, a *fourth* suit should be donned.

These supplementary suits should be made of pure wool, cut and sewed from blue, yellow, white or gray flannel. Many female patients, who were confident that they could not endure this weight of clothing, were astonished to learn that these four suits weigh less, by nearly half, than a fashionable walking dress, and, that the first three suits are less in weight than the flannel skirts that they usually wear in cold weather, and also less than their felt and cotton skirts. There is no doubt that patients feel better able, by reason of their limbs being left free and unwrapped, to carry heavy skirts suspended from their waist; still this is far from counter-balancing the bad results arising from a loose and open mode of dress, which, when put upon the scales, has more than double the weight of material in them than is required to keep the body warm, while at the same time, they give less than half the protection.

Children, especially girls who have arrived at the tenth year, are not, as a general thing, sufficiently clad, either about the neck and upper portion of the chest or on the extremities. The continual exposure of the neck of young girls, is almost sure to generate a catarrhal complaint, even in those of strong constitution, and it will certainly maintain, if it does not increase, any

inflammation that may exist in the head or throat. As the secretion from the nasal passages may be entirely overlooked in the case of children, enlarged tonsils may be the only thing complained of by them, or mentioned by their parents. The fact that a child has enlarged tonsils, is an evidence that it has suffered, for several years, undue exposure from the want of the proper kind of clothing, and is an indication that it should be placed under medical treatment at once.

Those children who are afflicted with large tonsils, are liable to suffer a gradual decrease of their hearing, and to be seriously affected with quinsy, for the reason that nearly every cold that attacks them makes itself felt in the throat, and is liable to result in the formation of an abscess in one or both tonsils, or, should they have an attack of diphtheria, scarlet fever, measles or any other disease, which in its inception or progress bears any special relation to the throat, the liability to serious complication in this region is much increased.

FREQUENT CHANGES OF THE UNDER-CLOTHING.—Weak patients should change their under-clothing as seldom as possible, as every change robs the surface of a portion of the oil that is necessary to keep the skin soft and lubricated, and to make it a non-conductor of heat. When the skin is in an oily condition, as is found in the healthy, the liability to be affected by colds is much less than when it is in the rough and dry condition.

The oily state of the surface, as is usually found with the healthy individual, is maintained by many thousands of sebaceous glands that are located in the integument; when a patient is in a weak condition from catarrhal disease, these glands do not supply this important non-conductor as abundantly as the skin requires it. For this reason, those patients that are thin in flesh and on the surface of whose body there is little or no oily material, should not change the stocking-knit suit that is next to the body until it has become soiled, which may be in about one, two, three or more weeks. The weaker the patient, the less frequently should changes take place and the less frequently will they require to take place, as the dry skin does not soil the clothing so rapidly as does the healthy oily skin.

If the suit next to the body does not cause undue perspiration during the night, it should be worn at this time as well as during the day.

The supplementary suits should not be permanently removed until the weather becomes warm in the Spring. The last supplementary suit—leaving the one thin stocking-knit suit next to the body—may usually be removed about the 15th of June.

Patients must bear constantly in mind that it is far preferable to suffer the temporary discomfort that is occasioned by the presence of the extra suits on occasional warm days, that sometimes occur before the warm weather has permanently set in, than to risk taking a cold by their too early removal. In other

words, it is far preferable to bear patiently the inconveniences caused by the heat, than to suffer several days or maybe weeks' sickness, the result of the too early removal of the underclothing.

THE FEET—STOCKINGS.—Cold and damp feet are almost certain to induce and aggravate a congestion of the mucous membranes of the head, throat, ears or lungs. The recovery of a patient who has even a slight catarrhal affection will be retarded if the lower extremities are not maintained in a warm and dry condition.

Wearing stockings made of wool will generally cause the feet to perspire; in this condition they are liable to become chilled. Should such be the case a pair of thin cotton stockings should be worn under the woolen. It is well for patients who suffer from cold feet, whether they are damp or not, to wear, during cold weather, a pair of woolen over the cotton stockings. Neither of these pairs need be very thick.

BOOTS, SHOES AND SLIPPERS.—Thin and light boots, and shoes low in the ankles, should be avoided in cold and damp weather. Heavy loose-fitting boots, with double uppers and soles—the latter wide—are the proper coverings for the feet in cold and damp weather.

India-rubber over-shoes should be worn in wet or damp weather only, and should be removed from the feet whenever the wearer enters the house.

Slippers should not be worn by either sex during cold or even cool weather. One of the ways in which a cold is mysteriously (?) taken, is to exchange a pair of warm boots for pair of low slippers. Those who do this, have forgotten that their feet and ankles have been protected all day, and that they have not alone uncovered them, but have placed them in the coldest stratum of air in the room. If they will take the precaution to draw on over the stockings which they usually wear, a pair of heavy woolen socks, the chances for taken a cold from wearing the slippers will be greatly reduced.

ELASTIC GARTERS.—A large majority of females maintain the tops of their stockings in position by means of elastic garters. Girting the limbs in this way is very liable to induce cold feet, on account of its impeding the circulation, the veins being so much compressed by the garters, that the blood cannot leave the limbs as readily as it should do, while the heart forces the blood to them through the arteries, whose walls are firm enough to resist the pressure of the garters. Almost every patient will claim that her garters are not tight, yet most of them will acknowledge, that when the elastics are removed at night, the creases below their knees, caused by the constriction, are deep enough to bury half of the thickness of the finger.

In order to maintain the hose in their place without the aid

of garters of any kind, they should be pulled up over the stocking knit drawers, and held there by elastic straps that have a brass loop at each end, so formed that they will securely retain the hold on the drawers and the head of the stockings. It will require two of these straps for each stocking; one on the inner side and one on the outer side of each limb. The stockings being long enough to come above the knees, more of the limbs are covered in this way, than when they are held up by strangulating elastic or non-elastic garters.

FOOT BATH.—A good remedy for cold or damp feet is to bathe them at bedtime. For many years I have recommended my patients, when taking this bath, that they should, after undressing, wrap a blanket around the body from head to foot (the room being warm); then to sit on the side of the bed and immerse the feet in a sufficient quantity of water, heated to blood heat, to cover the ankles, the blanket being at the same time wrapped around the limbs and foot bath-tub.

The position on the side of the bed has two advantages; one, the patient, in being near the bed, will be able to get under the bedclothes without the loss of the warmed air enclosed around his limbs and body by the blanket; the other, in this position, the body will be more erect than it would be if the person were sitting on a chair, consequently, more of the limbs will receive the warm and moist air from the bath-tub—two adjuncts necessary to a successful foot bath.

After the feet have been in the warm water three minutes, they should be raised out of the tub and one pint of boiling hot water poured into the bath; the feet should then be immersed again about three minutes longer, at the end of which time a second pint of hot water should, in the same manner, be added to the bath, and, with the same interval, a third, fourth or more pints should be added, until the water in the bath-tub is as hot as the patient can bear it. After the feet have been in the water, in all, about fifteen minutes, they should be dried by being well rubbed with a coarse towel, and then an inunction of vaseline should be applied with considerable friction. Lastly, they should be covered with a pair of cotton stockings, well warmed. The drying and and anointing should be done while the feet are held over the bath-tub and inclosed in the blanket. By the time the feet are bathed in this way, the body will be in a gentle perspiration; they should be allowed to dry gradually, after which the blanket may be removed.

COLDS INCURRED BY MEANS OF DRAUGHTS, NIGHT-AIR, AND BY PETTY ACTS OF COMMISSION AND OMISSION.—Most persons have been taught by experience that it is dangerous, while they are in an over heated condition, to remain in a locality where a current of cold air can strike but a limited part of the body, especially the head, neck or shoulders. Many often forget this, not possessing the will to bear patiently for a time the *temporary*

discomfort of an over-heating, and for relief, take a seat at an open window. They incur a cold, which, even in the most trifling cases, will be certain to last double as many days as the temporary discomfort of the over-heating would have lasted half-hours, had they retained an unexposed location; and with many persons, a cold incurred in this way may be so serious that its effects may be felt during the remainder of their life, if it does not shorten life itself.

Exposure to night air should be avoided if possible. If compelled to be out at this time, more clothing should be placed around the neck and chest than is usually worn during the day. It would also be well for females, who are to go out in the night air, during cold or damp weather, to draw on over their shoes, a pair of thick woolen stockings, long enough to reach nearly to the knees. A stay of three or four hours in a hot theater or lecture room, where the atmosphere is impure, succeeded by a ride in the street cars, or an open carriage ten or twelve squares—equal to an exposure of half an hour—is sure to be followed by an increase of all catarrhal symptoms, unless precautions are taken to ward off a cold by placing extra protection on the head, around the neck, and on the lower extremities. In addition it will be well to protect the hands and wrists in cold weather, the former by woolen mits the latter by wristlets or pulse warmers, as they are popularly called.

There are many petty acts of commision and omission in the care that one should take of himself, or herself, that are the result of forgetfulness, or, frequently, of carelessness, which are almost certain to originate a cold; the most conspicuous of which are sitting on a stone door-step in a cool evening to a late hour in the night; sitting up late on a cold night after the fire in the room has gone out, then going to bed with cold feet; getting out of bed during the night in bare feet and in night-dress to wait on a child that is sleeping in a cold room; making a fire in the morning of a cold day in an undressed condition; standing in an open doorway during cold or damp weather with the head and shoulders insufficiently protected, to speak a *few* words to a friend who is (too slow in) taking his or her departure; stopping to speak to a friend on the sidewalk long enough to allow the feet to become cold and to experience a sensation of cold chills between the shoulders; making a call on a friend who receives company in a cold parlor, or in a parlor in which the fire is started on your entrance; receiving lessons or giving lessons on a piano in a cold room; seeing a friend out to the gate and then standing there until warned of the impropriety of the act by a sneeze or "cold streaks" coursing up and down the back. For the protection of those young patients who cannot forego the pleasure of the "parting at the gate," I would recommend that their guardian should have a movable gate constructed and placed in a room adjoining the parlor.—*Dr. Rumbold's Hygiene of Catarrh.*

Book Reviews.

A Treatise on the Practice of Medicine, for the Use of Students and Practitioners. By Roberts Bartholow, M. A., M. D., LL.D. 8vo., pp. 853. [New York: D. Appleton & Co. 1880.]

We welcome Dr. Bartholow's book to our shelves as one of the most valuable acquisitions of the year. It is a work which has been done at the expense of a large amount of labor in order to reduce its volume to the smallest possible bulk. The work of condensing the large amount of information which we find in these pages must have been very great. To students and practitioners this is a great desideratum; in fact, nowadays, when time is money, a succinct, bright, short account is what is needed, and on this account alone this "practice" would engage the good will of its readers.

One of the features of the book, is the absence of the ordinary introduction we generally find in works of this character. The subject of the general principles of medicine and of general pathology are not touched upon. The author plunges *in medias res*, and gives his pathology wherever he thinks it is needed. The reason for this course he states in his preface, for "though sufficiently valuable in themselves, [they] are too often passed over hastily, or not read at all, in the desire to search the practical subjects."

The discussion of mooted points has been omitted, as also historical disquisitions, from a reasonable fear of rendering the size of the work too large.

The book opens with Diseases of the Digestive System, including diseases of the mouth, pharynx, etc, œsophagus, stomach, intestines, peritoneum, pancreas, liver, spleen. Then follow Diseases of the blood-forming organs, of the heart, and blood-vessels, of the respiratory organs, of the larynx, kidneys and nervous system. These form, altogether, the special pathology and therapeutics.

The second part is devoted to General Constitutional Diseases, including eruptive fevers, fevers, miasmatic and malarial diseases, disorders of nutrition, animal poisons, and parasites.

Although, in many of the accounts for treatment, specialists would tak exceptions, yet, in the whole, the therapeutics are excellent.

The typography, as everything coming from the Appleton's, is unexceptional.

Explanation of a Simple Method for the Diagnosis of Organic Valvular Lesions of the Heart. By E. Peyre Porcher, M. D. [Extracted from the American Journal of the Medical Sciences, October, 1880.]

The Protective System: What it Costs the American Farmer. By Graham McAdam. [Published by the N. Y. Free Labor Club. 1880.]

News Items.

Our readers will notice that we are somewhat "short" in the number of pages in this issue. The omission was caused by our inability to procure the MSS. of the proceedings of the St. Louis Medical Society. In the next number we will make up for the deficiency in the present one by adding as many pages as are wanting this time.

District Medical Society of Central Illinois.

The regular annual meeting of the above society will be held at Library Hall, Pana, on Tuesday and Wednesday, the 26th and 27th of October, 1880. The order of business is as follows: Reports of Committees: Practice of Medicine—W. H. Cook, M. D., Hillsboro; Surgery—J. G. Harvey, M. D., Grove City; Obstetrics—B. F. Haller, M. D., Vandalia; New Remedies—J. D. Bennett, M. D., Assumption; Medical Jurisprudence—T. D. Washburn, M. D., Shelbyville; Gynæcology—R. E. Beach, M. D., Vandalia. Essays: Convulsions in Children—T. D. Washburn, M. D.; Diseases of Children—T. J. Whitten, M. D.; Therapeutics—A. J. Humphreys, M. D., Oconee; Change of life in Women—F. B. Haller, M. D. Notes of cases and other matter pertaining to the above subjects, can be sent to the respective Committee's address. The resolution to drop from the by-laws, Art. IX, respecting the Code of Ethics will be disposed of. Officers for the ensuing year, 1881, will be elected at this meeting.

H. D. Bixby, M. D., Sec'y, Assumption, Ill.
H. H. Deming, M. D., Pres't, Pana, Ills.

The Eighth Semi-annual Meeting of the South-east Missouri Medical Association will be held at Perryville, Mo., commencing Tuesday, Nov. 9th, 1880.

J. D. Porter, President.
J. W. Cannon, Cor. Sec'y.

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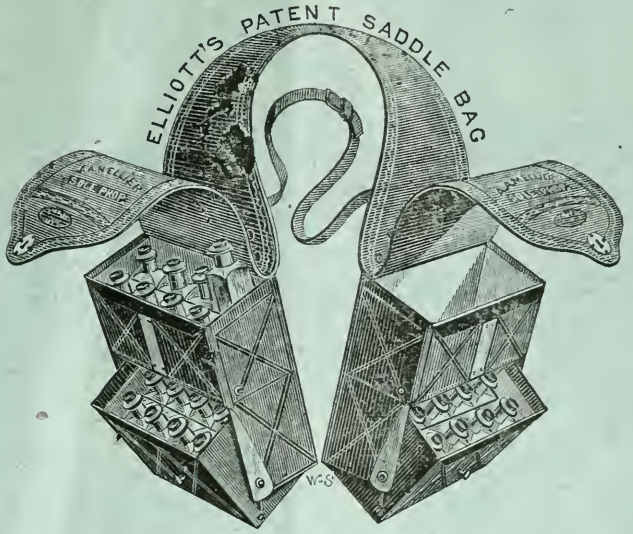

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